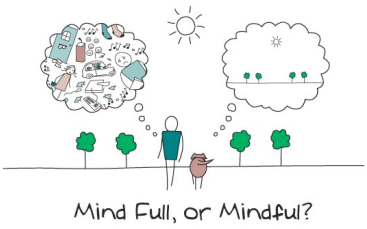
MINDFULNESS-BASED RELAPSE PREVENTION: AN OVERVIEW



THERISSA LIBBY
MARRCH FALL CONFERENCE 2014

BREATHE

- Breath Meditation (Bowen, Chawla and Marlatt [Guilford, 2011] *Mindfulness-Based Relapse Prevention for Addictive Disorders: A Clinician's Guide*, pp. 87-88)

MINDFULNESS

- What do we mean when we say **mindfulness**?
- Why did anyone think it might help with **relapse prevention**?

NREPP

- The National Registry of Evidence-Based Programs and Practices (NREPP) lists both MBSR and MBCT, with research quality ratings of 3.0-3.6.
- In addition, NREPP-listed CBT-based interventions Acceptance and Commitment Therapy and Dialectical Behavior Therapy include mindfulness practice components.

MBSR

- **Mindfulness-Based Stress Reduction** is an approach that facilitates detached observation for the purpose of managing medical or behavioral health symptoms.
- Initial studies were conducted by Jon Kabat-Zinn and colleagues at UMass in the early 1980s.
- These studies focused on the management of chronic pain, for which MBSR showed robust effectiveness.

MBSR

- Kabat-Zinn et al.'s work attracted substantial attention, and was generalized to treat symptoms of a variety of medical conditions.
- By the early 1990s, several groups were reporting positive outcomes in using MBSR to treat symptoms of psychiatric disorders.
- This led to the development of **Mindfulness-Based Cognitive Therapy** (MBCT).

MBCT

- The best-studied use of MBCT is with major depressive disorder.
- Positive outcomes from multiple studies include lower relapse rates, fewer and less severe residual symptoms, reduced use of antidepressant medications, and improved quality of life.

MBRP

- Mindfulness-Based Relapse Prevention was developed by **G. Alan Marlatt**, bringing together two of his passions:
  - mindfulness and meditation as tools in clinical psychotherapy, and
  - relapse to addictive behaviors and how to prevent it or lessen its severity.

BREATHE

- Sober Breathing Space (pp. 89-90)

MBRP: 2009 STUDY

- Bowen et al. (2009): Mindfulness-based relapse prevention for substance use disorders: a pilot efficacy trial. *Substance Abuse, 30*: 295-305.
- This paper was followed by several others that evaluated various aspects of the same study (Witkiewitz et al., 2010; Chawla et al., 2010; Wikiewitz et al, 2013; Hsu et al., 2013)

PARTICIPANTS

- n = 168
- 63.7% male, 36.3% female
- average age 40.5 years
- 51.8% White, 28.6% African-American, 15.3% multiracial, 7.7% Native American
- 71.6% had at least a high school diploma
- 62.3% earned < $5K per year, 41.3% unemployed

DESIGN

- Participants had completed residential or intensive outpatient treatment and were starting aftercare (note: majority of IOP participants were legally mandated to treatment)
- Randomized to eight weeks of either MBRP group or treatment as usual (TAU) aftercare group (weekly topic group with Twelve-Step, process-oriented format)
- Multiple measures taken at baseline, end of MBRP group, and two and four months later

OUTCOMES

- Compared to TAU participants, MBRP participants showed
  - greater decreases in substance use
  - greater decreases in craving
  - greater increases in acceptance
- Significant differences at end of intervention and two months after, but not at four months after

TABLE 1

Means (Standard Deviations) for Alcohol and Other Drug Use and Process Variables During the Study

	Baseline		Posttest		2 months post-intervention		4 months post-intervention	
Variables	**MBRP**	**TAU**	**MBRP**	**TAU**	**MBRP**	**TAU**	**MBRP**	**TAU**
AOD days	27.0	28.9	.1	2.6	2.1	5.4	5.1	5.1
	(24.0)	(24.8)	(.3)	(9.1)	(7.2)	(14.7)	(14.9)	(15.3)
	(*n* = 93)	(n = 70)	(n = 77)	(n = 56)	(n = 74)	(n = 56)	(n = 69)	(n = 49)
SIP	11.1	11.7	2.3	3.4	2.9	3.8	3.1	3.9
	(5.4)	(4.7)	(4.5)	(5.6)	(5.3)	(5.8)	(5.4)	(5.8)
	(n = 93)	(n = 75)	(n = 62)	(n = 42)	(n = 53)	(n = 42)	(n = 71)	(n = 52)
PACS	1.6	1.7	1.1	1.7	1.0	1.4	1.1	1.3
	(1.1)	(1.4)	(1.1)	(1.4)	(1.0)	(1.5)	(1.3)	(1.5)
	(n = 91)	(n = 75)	(n = 62)	(n = 41)	(n = 53)	(n = 42)	(n = 70)	(n = 52)
AAQ	47.1	47.2	51.2	47.6	49.6	48.8	50.2	50.3
	(7.5)	(9.6)	(7.8)	(10.0)	(9.1)	(9.6)	(7.5)	(10.3)
	(n = 76)	(n = 72)	(n = 56)	(n = 40)	(n = 51)	(n = 39)	(n = 63)	(n = 50)
FFMQ-ACT	26.2	27.7	27.1	26.5	27.9	25.3	26.2	28.8
	(6.2)	(6.9)	(7.0)	(7.2)	(6.3)	(7.2)	(5.8)	(7.9)
	(n = 84)	(n = 72)	(n = 55)	(n = 40)	(n = 52)	(n = 37)	(n = 61)	(n = 48)

Note. MBRP = Mindfulness-Based Relapse Prevention; TAU = treatment as usual; AOD = alcohol and other drug use; SIP = Short Inventory of Problems; PACS = Penn Alcohol Craving Scale; AAQ = Acceptance and Action Questionnaire; FFMQ-ACT = Five-Factor Mindfulness Questionnaire–Act With Awareness Scale.

BREATHE

- Mindful Movement Postures (Bowen, Chawla and Marlatt, pp. 125-126) : Mountain Pose
- One minute of mindful breathing

MBRP: 2014 STUDY

- Results from multiple analyses of data from pilot study sufficiently encouraging to **merit further research**
- Bowen et al. (2014): Relative Efficacy of Mindfulness-Based Relapse Prevention, Standard Relapse Prevention, and Treatment as Usual for Substance Use Disorders: A Randomized Clinical Trial. *JAMA Psychiatry, 71*, 547-56.

SUBJECTS

- n = 286
- 71.5% male, 28.5% female
- 42.1% from racial/ethnic minority groups
- age range 18-70 years

DESIGN

- Participants recruited from those completing residential or IOP treatment at two private non-profit treatment centers
- Randomized to eight weeks of either MBRP, Relapse Prevention (Marlatt model, cognitive-behavioral) and TAU
- Evaluated on multiple use-related measures (TLFB, urine screens) at baseline and three, six and twelve months

OUTCOMES

- Three months: no between-groups differences
- Six months: MBRP and RP (vs TAU)
  - reduced risk of relapse to drug use
  - reduced risk of heavy drinking
  - in those who did drink, fewer days of heavy drinking
- Six months: RP (vs MBRP)
  - longer time to first use

OUTCOMES

- Twelve months: MBRP (vs RP)
  - fewer drug use days
  - reduced risk of heavy drinking
- Perhaps "explained by the participants' improved ability to recognize and tolerate discomfort associated with craving or negative affect." (p 554)

Table 2. Outcome Variable Findings at Follow-up

Characteristic	TAU (n = 95)	RP (n = 88)	MBRP (n = 103)
Sample size % completed, No. (%)			
3 mo	82 (86.3)	80 (90.9)	95 (92.2)
6 mo	77 (81.1)	75 (85.2)	89 (86.4)
12 mo	76 (80.0)	72 (81.8)	83 (80.6)
Drug use days, TLFB, mean (SD)			
3 mo	5.23 (15.43)	2.09 (10.65)	3.92 (16.24)
6 mo	5.81 (19.11)	1.71 (10.77)	2.73 (12.00)
12 mo	4.63 (16.03)	6.09 (19.05)	3.06 (15.08)
Any drug use, TLFB, No. (%)			
3 mo	20 (21.0)	11 (12.5)	14 (13.6)
6 mo	20 (21.0)	7 (8.0)	10 (9.7)
12 mo	13 (13.7)	15 (17.0)	9 (8.7)
Heavy drinking days, TLFB, mean (SD)			
3 mo	2.64 (10.64)	2.13 (7.75)	1.99 (8.06)
6 mo	2.61 (9.93)	1.13 (5.96)	1.63 (8.53)
12 mo	4.65 (14.93)	3.89 (12.17)	1.44 (7.66)
Any heavy drinking, TLFB, No. (%)			
3 mo	19 (20.0)	18 (20.5)	12 (11.7)
6 mo	15 (15.8)	8 (9.1)	8 (7.8)
12 mo	19 (20.0)	17 (19.3)	8 (7.8)

CHARACTERISTICS OF MBRP

- Awareness
- Curiosity
- Openness
- Gentleness
- Nonjudgment

DELIVERY OF MBRP

- Fully manualized (Bowen, Chawla and Marlatt, cited on slide #2)
- All instructions, exercises and handouts are included
- Intended to be used in aftercare, with participants who have a counselor/therapist outside of group
- The originators, authors and trainers emphasize what one factor as **absolutely vital** to the proper delivery of MBRP?

NOTICING

- **Direct Experience**
  - Physical sensations
  - Thoughts
  - Feelings
  - What's familiar
  - What's common

IN CONTRAST TO . . .

- Story
- Explanation
- Interpretation
- Judgment

SESSIONS

- Automatic Pilot and Relapse
- Awareness of Triggers and Craving
- Mindfulness in Daily Life
- Mindfulness in High-Risk Situations
- Acceptance and Skillful Action
- Seeing Thoughts as Thoughts
- Self-Care and Lifestyle Balance
- Social Support and Continuing Practice

BREATHE

- Sitting Meditation: Thoughts (pp. 140-141)

CONTACT

Therissa Libby

Assistant Professor

Human Services/Alcohol and Drug Counseling
(Bachelor's, Post-Bac and Master's Degree Programs)

Metropolitan State University

therissa.libby@metrostate.edu

651-793-1501